

Key Findings from CDC...

**7th Conference on Retroviruses and Opportunistic Infections
San Francisco, January 30- February 2, 2000**

**NOTE: INFORMATION UNDER STRICT EMBARGO UNTIL TIME OF
PRESENTATION (SEE BELOW)**

- **Oral Sex Contributes Significantly to HIV Transmission**
At least 7.8% of recently-infected gay men in San Francisco study exposed through oral sex
- **Multi-State Study on Impact of New Treatment on HIV Risk Behavior**
High Risk Individuals Report Less Concern about HIV Infection and Less Safe Sex or Drug Use

ORAL SEX CONTRIBUTES SIGNIFICANTLY TO HIV TRANSMISSION

**“Primary HIV Infections Associated with Oral Transmission,”
Dr. Beth Dillion and colleagues -- Abstract #473, Poster Presentation
(Embargo: Tuesday, February 1, 2000, 12:00 p.m. PST)**

In the most definitive study to date, researchers have found evidence that a significant percentage of new HIV infections in some groups of men who have sex with men are due to oral sex, a mode of transmission too often regarded as posing little or no risk. At the 7th Conference on Retroviruses and Opportunistic Infections, the Centers for Disease Control and Prevention (CDC) reports that among a group of HIV-infected men, 7.8 percent were infected through oral sex.

The study, conducted by CDC’s Dr. Beth Dillion, in collaboration with researchers at the University of California, San Francisco’s Options Project, assessed risk behavior for 102 gay and bisexual men recently infected with HIV and found that oral sex was the only risk behavior for eight of these men. Most of these men stated that they believed oral sex represented either no or minimal risk.

“For some, oral sex is equated with safe sex. However, for the individuals in this study, and for countless others, this false assumption has led to tragic lifelong consequences,” stated Helene D. Gayle, M.D., M.P.H., Director of CDC’s National

Center for HIV, STD, and TB Prevention.

Public health officials fear that many gay men may be increasing the frequency of oral sex as a replacement for higher-risk behaviors, but may assume that oral sex is a risk-free activity. While oral sex may carry a much lower risk of transmitting HIV than other forms of sex, this study suggests that repeated exposures may add up to pose a more significant risk.

The study was designed to help assess how many new infections may have been transmitted by oral sex within a group of recently HIV-infected men. Researchers conducted extensive interviews with the men and their partners about risk behaviors around the time of infection.

In the past, it has been difficult to assess whether people were infected through oral sex because most individuals do not engage exclusively in oral sex and because it has not been possible in the past to pinpoint the time of infection. However, a new testing technology recently developed by CDC, Serologic Testing Algorithm for Recent HIV Seroconversions (STARHS), which can pinpoint recent infections, helped to identify the men to be interviewed in the study. All cases where the route of infection appeared to be oral sex were extensively evaluated. If any other risk behaviors were identified by the infected individual or their partner, oral sex was excluded as the route of transmission. Because of these stringent requirements, 7.8% may be an underestimate of transmission through oral sex in this group.

Abstaining from vaginal, anal and oral sex is the most effective way to prevent the sexual transmission of HIV. Individuals who choose to be sexually active can protect themselves by having sex with only one uninfected partner who has sex only with them, or using a latex condom with all forms of sexual intercourse – anal, vaginal and oral.

MULTI-STATE STUDY ON IMPACT OF NEW TREATMENT ON HIV RISK BEHAVIOR

**“Are At-Risk Populations Less Concerned about HIV Infection in the HAART Era?,” Dr. Stan Lehman and colleagues -- Abstract #198,
Slide Presentation, Yerba Buena Ballroom, Section 7
(Embargo: Sunday, January 30, 2000, 4:30 p.m. PST)**

In a study of 1,976 HIV-negative or untested individuals at risk for HIV infection, CDC researcher Stan Lehman and colleagues found that 31% were “less concerned” about becoming infected and 17% were “less safe” about sex or drug use because of new HIV treatments. The findings come from the HIV testing survey (HITS), a seven state study which utilized anonymous interviews conducted between July 1998 and February 1999, with 693 gay and bisexual men recruited at gay bars, 600 street-recruited injection drug users, and 683 heterosexuals recruited at sexually transmitted disease

clinics. The study sought to determine whether concern about HIV infection and recent HIV risk behaviors have changed as a result of the advent of Highly Active Anti-Retroviral Therapy (HAART).

By risk group, 40% of injection drug users, 30% of heterosexuals, and 25% of gay and bisexual men reported being less concerned about becoming infected because of better treatments. The proportion that reported being less safe about sex or drug use was also high across risk groups, with 25% of injection drug users, 15% of heterosexuals, and 13% of gay and bisexual men reporting increased risk because of new treatments.

These findings confirm those of several smaller studies and indicate that new HIV treatments may lead high risk individuals to become complacent about HIV prevention. Public health officials fear that increased risk behavior could result in increased HIV transmission. HIV prevention programs must work to combat complacency and communicate the uncertainties regarding long-term efficacy, as well as the limitations of new HIV therapies. Many may also not realize the complexity and toxicity of these regimens. HIV remains a serious, lifelong disease – that is much better to prevent than to treat.

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